

Membership application

I hereby apply for membership in the fka - Freundeskreis Asyl Karlsruhe e. V.

Personal details

*Name, first name: _____

*date of birth: _____

*Address: _____

*occupation: _____

*Email: _____

Phone: _____

fka - Freundeskreis Asyl Karlsruhe e.V.

In the Human Rights Centre
Alter Schlachthof 59
76131 Karlsruhe
tel +49 721 966 3937
fax +49 721 966 3939

office
Marienstraße 63
76137 Karlsruhe
tel +49 721 964 948 98
fax +49 721 964 970 68

* mandatory fields, please fill in in block letters.

Admission to the association is by decision of the board..

info@fka-ka.de
fka-ka.de

I am interested in active participation in the association yes no

Data protection notice:

The above data will only be collected and processed as necessary for the purpose of accounting for and looking after your membership in the fka - Freundeskreis Asyl Karlsruhe e. V.. Your personal data will not be passed on to third parties.

fka - Freundeskreis Asyl Karlsruhe e.V.
Sparkasse Karlsruhe
BIC KARSDE66XXX
IBAN DE28 6605 0101 0009 9091 85

association registration number: 101740

Membership fee:

Membership fee: 40 € per year

The membership fee will be debited by direct debit authorisation (see form on page 2).

Constitution of the Association

With my signature I acknowledge the statutes of the fka - Freundeskreis Asyl Karlsruhe e. V. in the currently valid version. The membership in the association is continuous, a resignation can only be made at the end of the calendar year with a notice period of 3 months.

With my signature I also confirm that I have received the current version of the statutes of the fka - Freundeskreis Asyl Karlsruhe e. V.

Place, date

Signature

I would like to become a member of the **fka - Freundeskreis Asyl Karlsruhe e. V.** and grant the association this

Direct debit mandate and the following SEPA direct debit mandate:

Creditor identification number: DE44ZZ00002491592

Mandate reference (will be filled in by the fka) **

Name, first name

Street and house number

Postcode and town

Telephone number for
queries

Email of the account holder

I authorise the fka - Freundeskreis Asyl Karlsruhe e. V. to collect payments from my account by direct debit. At the same time, I instruct my bank to honour the direct debits drawn on my account by the fka - Freundeskreis Asyl Karlsruhe e. V.. Note: I can request a refund of the debited amount within 8 weeks, beginning with the debit date. The conditions agreed with my credit institution apply. I can revoke this direct debit authorisation at any time.

I pay semi-annually annually

Amount in Euro

from month

from year

IBAN of the payer

BIC

Place, Date

Signature

*The mandate reference will be communicated separately to the account holder.